


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90085 006 \*\*\*150.00

<b>DOCUMENT # 812408</b>					
1. Entity Name H. B. FULLER, COMPANY					
Principal Place of Business 1200 WILLOW LAKE BLVD ST PAUL, MN 55110 US			Mailing Address C/O TAX DEPT P.O. BOX 64683 ST PAUL, MN 55164 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-0268370	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STROUCKEN, A		NAME		
STREET ADDRESS	12 APPLE ORCHARD COURT		STREET ADDRESS		
CITY-ST-ZIP	DELLWOOD, MN		CITY-ST-ZIP		
TITLE	SVCF	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FEENAN, JOHN R		NAME		
STREET ADDRESS	1200 WILLOW LAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55108		CITY-ST-ZIP		
TITLE	TV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GACKI, W		NAME		
STREET ADDRESS	1198 FALLSVIEW CT		STREET ADDRESS		
CITY-ST-ZIP	MENDOTA HEIGHTS, MN		CITY-ST-ZIP		
TITLE	VPCC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCREARY, J		NAME		
STREET ADDRESS	1200 WILLOW LAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55110		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, PATRICIA L		NAME		
STREET ADDRESS	1200 WILLOW LAKE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PAUL, MN 55110		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SEE ATTACHED FOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DIRECTORS	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patricia Jones</i>		Patricia Jones		3/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

# ATTACHMENT

40035795

H.B. Fuller Company  
Attachment to 2005 For Profit Annual Report  
Document #812408

## Block 11 Additions/Changes to Officers and Directors

TITLE	Director
NAME	Knut Kleedehn
STREET ADDRESS	1200 Willow Lake Blvd.
CITY-ST-ZIP	St. Paul, MN 55110

TITLE	Director
NAME	J. Michael Losh
STREET ADDRESS	1200 Willow Lake Blvd.
CITY-ST-ZIP	St. Paul, MN 55110

TITLE	Director
NAME	Lee R. Mitau
STREET ADDRESS	1200 Willow Lake Blvd.
CITY-ST-ZIP	St. Paul, MN 55110

TITLE	Director
NAME	R. William Van Sant
STREET ADDRESS	1200 Willow Lake Blvd.
CITY-ST-ZIP	St. Paul, MN 55110

TITLE	Director
NAME	Alfredo Rovira
STREET ADDRESS	1200 Willow Lake Blvd.
CITY-ST-ZIP	St. Paul, MN 55110

TITLE	Director
NAME	Richard L. Marcantonio
STREET ADDRESS	1200 Willow Lake Blvd.
CITY-ST-ZIP	St. Paul, MN 55110

TITLE	Director
NAME	John C. van Roden
STREET ADDRESS	1200 Willow Lake Blvd.
CITY-ST-ZIP	St. Paul, MN 55110